

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
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**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
**Website:** <http://dps.wi.gov>

## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD APPLICATION FOR SUBSTANCE ABUSE SPECIALTY AUTHORIZATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Daytime Telephone Number

 -  - 

Mailing Address (if different)

Date of Birth

 /  / 

Email Address

Social Security #

 -  - 

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

**Ethnicity:**

☐ White, not of Hispanic origin  
☐ Black, not of Hispanic origin

☐ American Indian or Alaskan  
☐ Asian or Pacific Islander

☐ Hispanic  
☐ Other

**Sex:**

☐ M ☐ F

List the Wisconsin Professional Counselor, Marriage and Family Therapist, or Social Work License that you want the specialty added to: (only one profession per application).

License Number:

☐ I am certified as a Substance Abuse Counselor: Certification Number:

If you are certified as a Substance Abuse Counselor, **DO NOT** go any further with this form, sign, date and return this form along with the application fee to the Department.

If you are **NOT** certified as a Substance Abuse Counselor, indicate completion of the following requirements and attach the required items:

- ☐ I hold a credential as a Marriage and Family Therapist (or hold a training license), Professional Counselor (or hold a training license), Licensed Clinical Social Worker, Advanced Practice Social Worker, or Independent Social Worker and have completed at least 135 contact hours of substance use disorder education and 200 supervised hours of face-to-face client treatment with individuals diagnosed with substance use disorders; Forms #2712 and Form #2714 are completed and attached..
- ☐ I hold a credential as a Social Worker and have completed at least 180 contact hours of substance use disorder education and 1,000 supervised hours of face-to-face client treatment with individuals diagnosed with substance use disorders; Forms #2712, and Form #2713 are completed and attached.

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **Initial Credential Fee for Substance Abuse Specialty Authorization**  
(This fee is not required if you hold the Specialty Authorization under a different credential.)  
**\$ 75.00 Total Initial Credential Fee Attached**

**For Receipting Use Only (See license number above)**

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## APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #2711**) and appropriate fee
- Letters from all State Boards where licensed, active and inactive
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

### CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

### CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

### AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /